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Under the Paperwork Reception Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/751,530-Conf. #3306 **Application Number** FEE TRANSMITTAL January 6, 2004 Filing Date Junichi Komagata First Named Inventor **For FY 2008** A. M. Sol **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2619 Art Unit

TOTAL AMOUNT OF PAY	MENT	(\$) 930.00	At	torney Docket	No.	SUN-2895		<u>. </u>
METHOD OF PAYME	NT (check all	that apply)						
	t Card	Money Order	None -0013		please identi	fy): ne: Rader, Fishm	nan & Gra	uer PLLC
For the above-ide	•		irector is he					
 	(s) indicated b	•			•	dicated below, ex	cept for ti	he filing fee
Charge any	•	(s) or underpay	ments of		any overp			
FEE CALCULATION				,		-		
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FE	E\$			•		
	FILI	NG FEES	SEAR	CH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	. 0	0	0		
2. EXCESS CLAIM FEES	S							Small Entity
Fee Description							Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 (incl	_						50	25
Each independent claim Multiple dependent clain	•	ing Keissues)					200 360	100 180
	ra Claims	Foo (\$)	Fee Paid	1 (C)	N	lultiple Depende		
Total Claims Ext	ra Ciallis Y	Fee (\$) =	1 co i aic	4 (Ψ)	_		ee Paid (\$	
HP = highest number of total	claims paid for, if	greater than 20.			- -			4
Indep. Claims Ext	ra Claims	Fee (\$)	Fee Paic	1 (\$)				_
- =	x	=						
HP = highest number of indep	pendent claims pa	id for, if greater tha	ın 3.					
3. APPLICATION SIZE F If the specification and listings under 37 CF sheets or fraction the	drawings exce R 1.52(e)), the	e application siz	ze fee due is	\$260 (\$130 f	_	•	-	0
<u>Total Sheets</u> - 100 =	Extra Sheets	<u>Number</u> /50 =		tional 50 or frac			Fee	<u>Paid (\$)</u>
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specific	ation, \$130 f	ee (no small en	tity discoun	t)				
Other (e.g., late filing	surcharge):	1251 Extensio 1801 Request	n tor respo	nse within fir ied examinat	rst month	1 =) (see 37		20.00 10.00

SUBMITTED BY							
Signature	-U	7	X40;	Registration No. (Attorney/Agent)	24,104 40,290	Telephone	(202) 955-3750
Name (Print/Type)	Ronald P. Kanarie Christopher M. To					Date	April 8, 2008